

Section 1: Coversheet and Contact Information

The contact information provided will be used by the Commission to communicate with applicants.

* 1. Name of Applicant/Organization

* 2. Applicant Primary Contact Person Name

* 3. Primary Contact Person Email

* 4. Primary Contact Person Phone Number (please use xxx-xxx-xxxx format)

5. Applicant Secondary Contact Person Name

6. Secondary Contact Person Email

7. Secondary Contact Person Phone Number (please use xxx-xxx-xxxx format)


8. Amount of Grant Request

Template Only - Not for Submission

Section 2: Verification of Minimum Eligibility

Provide complete responses to verification questions, including Physical Presence in California, 501(c)(3) declaration, Previous Experience as Programmatic Fiscal Services Agent with contact information provided for at least one reference, electronic data reporting system, and City-Approved Vendor Status.


* 9. Physical Address: Applicant must have a physical address in California

Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	-- select state -- 
ZIP/Postal Code	<input type="text"/>

* 10. If located outside of San Francisco County, please briefly describe and affirm willingness and capacity to provide in-person services in San Francisco county.

* 11. Employee Identification Number/Tax ID: Applicant must be a community-based organization that is nonprofit and tax-exempt under Section 501(c)(3) of the Internal Revenue Code

* 12. Reference Organization: Applicant must submit contact information for a minimum of one early childhood entity that can act as reference for applicant's previous experience as Programmatic Fiscal Services Agent/Fiscal Agent

Lead Contact Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	-- select state -- 
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

Template Only - Not for Submission

* 13. Brief description of Programmatic Fiscal Agent Services provided for the above reference. (1000 characters or less)

* 14. Description of Electronic Data and Reporting System: Applicant must have an electronic data and reporting system capable of tracking, storing, and generating information on key financials as outlined in this RFQ (1000 Characters or less)

* 15. Is your organization/entity currently a City-Approved Vendor

Yes

No

16. If yes, please enter City-Approved Vendor ID

17. If no, please use this check box to confirm that applicant is willing to become a City-Approved Vendor within 45 days of award notice

Applicant confirms willingness to become a City-Approved Vendor withing 45 days of award notice.

Template Only - Not for Submission

Section 3: Experience and Desired Qualifications

Please provide complete answers to all experience and desired qualifications sections. At a minimum please include one key staff of project.

* 18. Key Staff of Project 1 (upload resume at end of section)

First and Last Name	<input type="text"/>
Title	<input type="text"/>
Brief Description of Role and Qualifications	<input type="text"/>

19. Key Staff of Project 2 (upload resume at end of section)

First and Last Name	<input type="text"/>
Title	<input type="text"/>
Brief Description of Role and Qualifications	<input type="text"/>

20. Key Staff of Project 3 (upload resume at end of section)

First and Last Name	<input type="text"/>
Title	<input type="text"/>
Brief Description of Role and Qualifications	<input type="text"/>

21. Key Staff of Project 4 (upload resume at end of section)

First and Last Name	<input type="text"/>
Title	<input type="text"/>
Brief Description of Role and Qualifications	<input type="text"/>

22. Key Staff of Project 5 (upload resume at end of section)

First and Last Name	<input type="text"/>
Title	<input type="text"/>
Brief Description of Role and Qualifications	<input type="text"/>

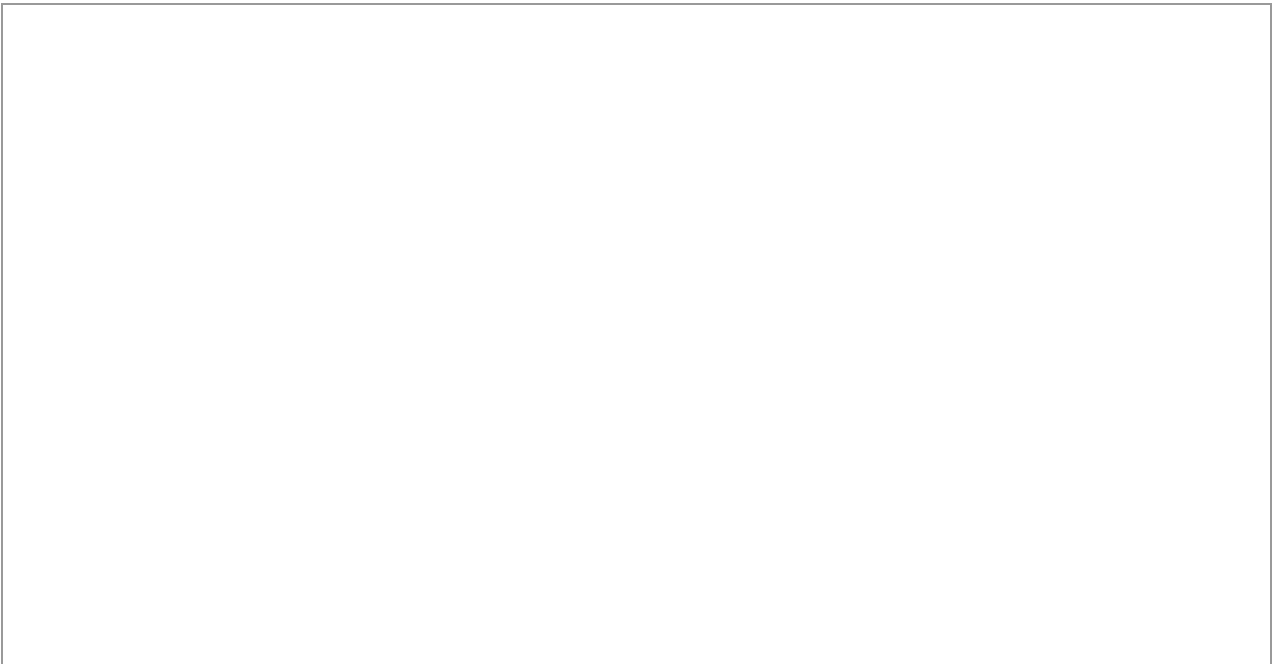
* 23. Years of Experience Acting as Programmatic Fiscal Services Agent

Template Only - Not for Submission

* 24. Provide additional details about your organizational capacity that makes you uniquely qualified to act as a Programmatic Fiscal Services Agent for First 5 San Francisco's early childhood quality improvement system. (3000 characters or less)



* 25. Describe plan to develop internal controls that will be used to maintain fiscal integrity to provide fiscal services. (3000 characters or less)



Template Only - Not for Submission

* 26. Describe plan to ensure timely disbursement of payments. (3000 characters or less)

* 27. Resumes and Position Descriptions - Application Attachment A

Include resumes and job descriptions of key staff listed above. These documents should provide sufficient detail to permit Commission staff to assess how their experience will contribute to the project's objectives. These should all be put into a single PDF and labeled as "Attachment A - Staffing with Applicant Agency Name".

Choose File

Choose File

No file chosen

* 28. Organizational Chart - Application Attachment B

Include most recent organizational chart that shows the key staff positions relative to the rest of the organization. This should be put into PDF and labeled as "Attachment B - Organizational Chart with Applicant Agency Name".

Choose File

Choose File

No file chosen

Template Only - Not for Submission

Section 4: Budget and Budget Narrative and Financial Attachments

Use the provided Excel Budget & Budget Narrative Form (Appendix A), which can be downloaded at www.first5sf.org) to create a line item budget for a full year of operation. Do not exceed the up to amount of \$75,000 and clearly delineate and explain any expenses associated with meeting the additional reporting requirements expected at that level of funding. Provide a narrative for any item in the budget whose purpose may not be obvious or immediately clear.

Upload additional financial attachments at the end of this section according to instructions provided.

* 29. Budget and Budget Narrative Form (Appendix A) - Application Attachment C

Use Budget and Budget Narrative Excel Form (Appendix A) provided and follow instructions in the Section 4 Introduction above. Appendix A can be downloaded at www.first5sf.org. When form is complete put it into PDF and title "Attachment C - Budget and Budget Narrative Form with Applicant Agency Name"

Choose File

Choose File

No file chosen

* 30. IRS 501(c)(3) Letter of Determination - Application Attachment D

Please put into PDF and label as "Attachment D - IRS 501(c)(3) Letter of Determination with Applicant Agency Name".

Choose File

Choose File

No file chosen

31. Form 990, if applicable - Application Attachment E

Please put into PDF and label as "Attachment E - Form 990 with Applicant Agency Name".

Choose File

Choose File

No file chosen

32. Most recent audited financial statement - Application Attachment F

Please put into PDF and label as "Attachment F - Audited Financial Statement with Applicant Agency Name".

Choose File

Choose File

No file chosen

33. Global agency budget - Application Attachment G

Please put into PDF and label as "Attachment G - Global Agency Budget with Applicant Agency Name".

Choose File

Choose File

No file chosen

Template Only - Not for Submission

* 34. Signature Page Form (Appendix B) - Application Attachment H

Signature Page Form (Appendix B) provided. Appendix B can be downloaded at www.first5sf.org. Print, sign, scan and label as "Attachment H - Signature Page Form with Applicant Agency Name".

Choose File

Choose File

No file chosen

Template Only - Not for Submission

Submission Confirmation

Thank you for completing this application. Please check the box below to confirm your application is complete and accurate and confirm your final submission.

* 35. Submission Confirmation

This application is complete and accurate and can be confirmed as a final submission.

Template Only - Not for Submission